

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/597963		FILING DATE				
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/				52						
3		/		/			53						
4		3		/			54						
5		2		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11		1		/			61						
12		1		/			62						
13		1		/			63						
14		1		/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
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22				/			72						
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25				/			75						
26				/			76						
27				/			77						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	29	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	16		31				TOTAL CLAIMS						

PTO-1360 (REV. 11/04)

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